

City of New Orleans  
Department of Finance  
Bureau of Revenue

REVENUE FORM  
(See Instructions)  
(On Other Side)

DATE: \_\_\_\_\_  
CASE #: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_

TO: Dept. of Safety & Permits  
Building Inspection Section  
7E04 City Hall, Civic Center

The undersigned has made application to the Bureau for an Occupational License as follows:

Trade Name \_\_\_\_\_ Business Phone No. \_\_\_\_\_

Business Address \_\_\_\_\_

Street City State Zip Code

Mailing Address \_\_\_\_\_

Street City State Zip Code

Owner of Business \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Type of Business Currently Being Operated \_\_\_\_\_

If No Business Currently Operating,

Type of Previous Business \_\_\_\_\_ Date Closed: \_\_\_\_\_

Type of Business Requested: \_\_\_\_\_

☐ Wholesale ☐ Retail ☐ Other (Specify) \_\_\_\_\_

Is this a Change of Owners or Operator only? \_\_\_\_\_

COUNTER USE ONLY - REMARKS:

Operating Yes ☐ No ☐

Business Opening Date:

Relocation Yes ☐ No ☐

Previous Location:

VCC Processing Fee Yes ☐ No ☐

Above information is certified as correct:

Applicant

BUREAU OF REVENUE

By \_\_\_\_\_

Signature of Counter Clerk

TO: Bureau of Revenue

The results of inspection in the field and research of office records by the Building Inspection Section of the Dept. of Safety and Permits pertaining to the above Occupational License Applicant are noted as follows:

Zoning Classification \_\_\_\_\_ Specific Use and \_\_\_\_\_: ☐ Approved  
Occupancy ☐ Disapproved

Building Code Classification \_\_\_\_\_:  
Occupancy Group Construction Type

☐ As no variance with the Building Code was noted, application is presumed to meet its requirements.

☐ Application is disapproved for the following noted variances.

Use Occupancy & ☐ Required  
Compliance Certificate: ☐ Not Required

Building Inspector

By \_\_\_\_\_

Chief Building Inspector

TRADE NAME:	Name under which business will operate.
BUSINESS PHONE NUMBER:	Location phone number where busienss will operate.
BUSINESS ADDRESS:	Location address where business will operate. (P.O. Box numbers are not acceptable)
MAILING ADDRESS:	Address where all tax returns, permits and other related communications will be mailed. This must include street address or P.O. Box, City, State and Zip Code.
OWNER OF BUSINESS:	Full name of all owners, all partners and principal officers if a corporation.
APPLICANT'S NAME AND TITLE:	Full name and title of person filing application.
HOME ADDRESS:	Location address where applicant resides.
PHONE NUMBER:	Home phone number.
TYPE OF BUSINESS CURRENTLY BEING OPERATED:	Describe the kind of business previously operating at this location.
IF NO BUSINESS CURRENTLY OPERATING, TYPE OF PREVIOUS BUSINESS:	Describe the kind of business which previously operated at this location.
TYPE OF BUSINESS REQUESTED:	Describe the kind of business to be operated at the location. Be specific. If retail or wholesale, list what merchandise is to be sold.
IS THIS A CHANGE OF OWNERS OR OPERATOR ONLY?	If business is currently operating response should be yes or no.
APPLICANT:	Signature of applicant.